

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--------------------------|--|------------------------------------|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/519745</u> | |
|--------------------------|--|------------------------------------|--|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|--------------|---------------|
| <input checked="" type="checkbox"/> Filing | | | \$ <u>100</u> |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |

| | | |
|--|--------------------------|------------------|
| | 7 TOTAL AMOUNT OF REFUND | \$ <u>100.00</u> |
|--|--------------------------|------------------|

| | | | | | | | | |
|--|--|----|---|----|---|---|---|---|
| 10 REASON: | 8 TO BE REFUNDED BY: | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | <input type="checkbox"/> Treasury Check | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | <input type="checkbox"/> Credit Deposit A/C #: | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table> | 1 | 9 | -- | 4 | 8 | 8 | 0 |
| 1 | 9 | -- | 4 | 8 | 8 | 0 | | |

| |
|---|
| 11 REFUND REQUESTED BY: |
| TYPED/PRINTED NAME: <u>T. Smith</u> TITLE: _____ |
| SIGNATURE: _____ PHONE: _____ |
| OFFICE: _____ |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |
| APPROVED: _____ DATE: _____ |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: